

Health Services Office

DENTAL EXAMINATION FORM

NAME:																	
ID No. :																	
Dental Information																	
		UPPER RIGHT							▼	UPPER LEFT					_		
Assigned Dentist	8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	L
Data	8	7	6	5	4	3	2	1	Amalgam L/C	1	2	3	4	5	6	7	H
Date Academic Year		\vdash	\vdash		\vdash	_			-					\vdash			├
General Condition	8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	\vdash
	8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	H
Good oral hygiene	8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	H
	8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	H
Presence of calcular deposits/plaque	8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	r
	8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	r
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	8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	Γ
Pyorrheatic	8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	
Denture wearer up	8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	
Denture wearer down			LO	WEI	RRIG	HT				LOWER LEFT							
With ortho braces up	8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	L
With ortho braces down	8	7	6	5	4	3	2	1	r/c	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	L
Wearing Hawley's retainers	8	7	6	5	4	3	2	1	PLIC	1	2	3	4	5	6	7	L
Others	8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	L
Other Remarks	8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	L
	8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	\vdash
	8	7	6	5	4	3	2	1	RCT Impacted	1	2	3	4	5	6	7	\vdash
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